question a nurse about their ills before seeing a physician. An enlightened nursing personnel may often get a skeptical patient started on the right track rather than being shunted into the hands of the irregular cults, who promise much but accomplish nothing.

Perhaps the best way to influence doctor and patient alike is through the cancer clinic established in the various hospitals. In public hospitals it is easy to make a rule that all cancer patients or suspected cancer patients must be seen by a board of physicians and surgeons who are interested in the diagnosis and treatment of cancer. In the private hospital such a rule would not work out, as it will interfere with the right of the individual doctor to practice as he sees fit. The younger men with limited experience will send patients for an opinion, but the older surgeons will not do so.

In order to get around this the members of the tumor clinic of the California Hospital are indexing all cancer patients that come to the hospital, and are instituting an adequate follow-up; from this the end-results of treatment may be computed. Then Doctor Maner presents the autopsy or operative material, discussing the diagnosis and treatment. This opens up the case for argument as to its proper handling, and why the treatment was or was not successful. Such a procedure will result in a slow but steady improvement in end-results.

Personally, I am not prepared to advocate cancer clinics in all small hospitals. While such a program is theoretically correct, the number of patients seen will be very small. To my mind, it seems much more logical to have clinics in a few large hospitals where patients may be sent and where outside physicians may see a variety of material. Too many small clinics with limited clinical material will result in lack of interest of the staff, but a few well-directed clinics will easily result in growth and progress.

FALLACIOUS TRENDS IN PSYCHIATRY*

By WILLIAM EDLER, M.D.
Pasadena

DISCUSSION *by George Dock, M. D., Pasadena; Edward W. Twitchell, M. D., San Francisco; H. Douglas Eaton, M. D., Los Angeles.*

IN the fundamental sciences, mathematics, physics, chemistry, etc., knowledge is admittedly known, unknown, or in a hypothetical or theoretical state. Wary, through the ages of experience, scientists apply rigid rules to test the truth or falsity of any conclusion, and to the speculative sphere are relegated such phenomena that do not come within the provable class. No emotional content enters the analysis, and negative results are recorded with the same indifference and given the same values as are the positive.

INHERITED METHODS OF APPROACH

How different in medicine! Here the trend is to know everything, to label maladies with a symptom nomenclature, hoping by a multiplicity of terms to conceal ignorance and sophistical reasoning. There is a historical background for this: the physician is a direct descendant of the ancient medicine man, whose diagnostic and therapeutic ability depended upon his theologic rather than his intellectual attainments. Since he was working through, and with both omniscient and omnipotent powers, and purported to be the direct agent of this dual force, it is evident that limitations of his capacity in any sphere were inevitably denied. The basic science man accumulated sufficient facts to discredit this imposter's power to interpret happenings, past, present or future, resulting in a divorcement from, and a fear of reconciliation with, his erstwhile associate.

On the other hand, our modern medical man still tends toward the occult, still pretends knowledge he does not possess, still heals by drug incantations and with the slogan *post hoc, ergo propter hoc* reverts back to his mystic ancestry. Smugly, his ignorance is masked by labels, terms and symbols: unknown diseases are called functional—uncured diseases are treated by substituting for the patient a laboratory symbol, and great satisfaction or disappointment is evidenced over the algebraic fluctuations from minus to positive signs. One must get laboratory improvement even though attended with clinical dissolution.

PSYCHIATRY'S HANDICAPS

If this be true in general medicine, how emphatically is it true of psychiatry! Some seven schools of diagnostic and therapeutic thought are represented at this time in the psychiatric field, ranging from the occultism of Christian Science, Oxfordism, Freudianism, and what not, to the fields of endocrinology, biochemistry, genetic, environmental, physiologic, and organic groups. By a six-to-one vote each would be eliminated from the field were a poll taken to determine the scientific status of any one of the particular schools of thought, each group uniting to vote the other wrong. The crux of the problem is that no standard has been or is established by organized medicine which would promote criteria whereby fallacies, theories and downright quackery could be controlled by exacting scientific diagnostic, and therapeutic standards applied to psychiatry as it tends to be applied to internal medicine and surgery. Recovery from an illness cannot be used as an argument for the merit of the treatment; and only by hundreds of controls can any scientific evaluation be placed on the efficacy of any drug or any other treatment, be it in the so-called mental sphere or the physical realm.

It is the mental category that primarily concerns us. We use the term glibly, but who is going to define it. If we mean by mental a resultant thought process due to interactivity of certain brain cells that culminates in sensory reaction with ultimate muscular movement or absence of movement, then we have at least a relative criterion for conduct—so-called normal or abnormal. After all, basically, we are concerned with sensation. This is particularly stressed, because it leads us to the definite field of psychogenetic etiology and a school of psychiatry that has been popularized with the medical profession and particularly with the lay public. Disregarding the controversial concepts among leading exponents of this particular school, let us attempt a comparative study of so-called mental physiopathology with physical physiopathology and see where we land. We are asked to believe that maladjustment—*i. e.*, pain-

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* Read before the Neuropsychiatry Section of the California Medical Association at the sixty-fifth annual session, Coronado, May 25-28, 1936.

ful thought experience—is the cause of bizarre conduct, *i. e.,* maladjustment; or, in other words, that psychic pain, the resultant of cerebral dysfunction, is the cause of psychic pain attended with pathologic muscular activity (abnormal conduct), which in turn we designate a psychosis. This is hardly logical. As illogical as propounding that albumin in a urine specimen is the cause of nephritis. When we approach such psychotic phenomena as hallucinations and delusions, detailed argument is advanced by our theorists to show psychic defensive mechanisms that produce these subjective effects, forgetting, by your leave, the simple fact that one-fiftieth of a grain of hyoscin or a few ounces of alcohol will produce the same result.

THE PSYCHOSES

When we consider that the psychoses are a tremendous liability on the social and economic structure, I believe it is time for organized medicine to include in its department of "new and unofficial remedies" the various therapeutic claims made by organized groups of psychic healers. Newspapers have been used where Freudian columnists have answered the wails of the afflicted whom they had never seen, with, at least in one instance to my knowledge, the charlatanry of the patent-medicine quack, the advice to "read my book," or Mae West-like, "come up and see me some time."

VOLUMES ON MENTAL DISEASE—FOR LAYMEN

What would the reaction of the internal section of this society be to an internist who wrote a treatise for the lay public on "How to treat your kidney disease." Yet book-shelves are cluttered up with volumes of advice to laymen on mental disease, a problem far more complicated, much more difficult to interpret than the aforementioned malady. We permit it for one reason, and that is that we are still hazy in our notion that mental disease is something distinct from physical reality. We are still mesmerists, Christian Scientists, Oxfordists, or whatnots, following the principle that in some way, we do not know how, the patient is to blame for a condition that our ignorance cannot fathom. If we do not know, since we are the descendants of an all-knowing clan, certainly the patient must still be in demoniac possession.

IN CONCLUSION

In conclusion, this paper is a plea for the application to psychiatry of the same standards that are applied to any other branch of medicine, or, for that matter, to any other science. Let us have our psychiatric hypotheses and theories, and fight them out in our meetings. Let us outlaw any physician who goes to the laity with psychiatric cures, just as we discipline the surgeon or the internist who violates the decencies of his ethical code.

Finally, can we not gain—those of us who deal with the mentally afflicted—the laity's confidence and esteem to a greater degree by swallowing our pride, gritting our teeth, and answering mother's question, "What on earth has caused Mary's breakdown, doctor?" by the simple, honest reply, "I do not know."

Some day, somewhere, in the laboratory, something will develop that, over night perchance, will expunge from the medical literature the fantastic interpretation of the so-called functional psychoses and substitute therefor the factual findings of a persistent and enterprising research man.

595 East Colorado Street.

DISCUSSION

GEORGE DOCK, M. D. (94 North Madison Avenue, Pasadena).—Doctor Edler has given us a concise and accurate statement of the past and present bases of thinking and acting in medicine. Perhaps he is correct in thinking progress in psychiatry is less satisfactory than that in other departments of medicine and surgery; but, on the other hand, it may be that he overrates the situation in some of these other branches. His suggestions for improvement are interesting. An excellent one is to carry on greater activity in the discussion of hypotheses and theories—"fight it out in meetings." The idea of more active discussions might well be applied in some other sections beside that of psychiatry. A more questionable suggestion is the idea of outlawing physicians who propagate psychiatric cures and publish books for self-treatment. In doing this, is there not a new danger in giving the outlaw all the glamor of a martyr and publicity? The suggestion that physicians should avoid mystification and give honest replies, such as "I don't know," is good as far as it goes. But in the example stated, should not the physician go on and indicate to Mary's mother and to Mary, if possible, the knowledge and resources he has that might be applied to the case? Doctor Edler's whole argument is very fine for experts, but can it be applied to a population that destroys crops in order to make food more accessible, that spends to save, that urges pulling one's self up by bootstraps, etc.? Coming especially to psychiatry, how can we apply the methods of a medical society to a population fed daily with columns of the antics of a poor dement with alcoholism, who is written up as a "prankster" or "funster," when he needed all the best efforts of nurses and physicians? Such a man gets more attention from the public and probably influences more minds than a Millikan or an H. G. Wells. At all events, we physicians can cultivate our own gardens, direct patients and the public generally to honest experts, and so in time raise the level of accurate thought and practice.

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EDWARD W. TWITCHELL, M. D. (909 Hyde Street, San Francisco).—One may readily agree with some of Doctor Edler's propositions, if not, however, with all of them, except in part.

It is quite true that medicine is not an exact science. Present-day discussions of the physicists would lead one to believe that there is no such thing as an exact science, but medicine never has made any pretense to being exact, and for that matter it has always been pretty freely admitted that medicine was an art in a very large part and only gradually becoming a science.

As to the psychiatrists being the worst of the lot, it may be advanced that they have been too modest in self-defense. It is true that hospitals for the insane all over the land are filled with patients whom psychiatry is not curing. There are also an enormous number of the tuberculous and cancerous, and those with hypertension and those suffering from nephritis or from hepatic cirrhosis, and from leukemia and a long list of other things belonging to the physician and surgeon which are not being cured any better than the psychiatrists are curing their patients. The trouble with the psychiatrist's patient is that he is so exceedingly obvious. He cannot go about the streets without attracting attention, as can so many of those having the diseases above mentioned.

Therapy in psychiatry is said to be ineffectual. It is unfortunately true, and one is inclined to agree with Ross when he says that psychoses get well of themselves, if

they do at all, not by reason of what the physician has done; but he also says that the psychoneuroses can be cured, and the psychoneuroses form a very large part of psychiatric practice, and to the psychiatrists belong the credit of the great advance in the treatment of general paresis. Mental mechanisms are still a woefully dark field, and there is no school which can at present claim to have solved this problem.

When it comes to governmental control of psychic healers, which seems to be advocated in Doctor Edler's paper, that is treading on very, very dangerous ground. One is apt to get mixed up in a religious controversy for one thing, and even if one does not, how can a state which cannot control automobile or liquor traffic control psychic healers?

We are still empirics and shall be for a long time to come; but we are measurably better off than our grandfathers and far more prone to confess our ignorance frankly and freely than were our grandfathers.

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H. DOUGLAS EATON, M. D. (1136 West Sixth Street, Los Angeles). — Psychiatry has been slower to emerge from the clouds of ignorance and superstition than other branches of medicine. While Hippocrates clearly recognized mental disorder as a disease due to physical causes, many factors combined to retard the development of a truly scientific viewpoint in regard to the psychoses. In fact, it was not until recently that much was accomplished along these lines.

The present century has seen definite progress in the scientific approach to psychiatric problems, even though there is still room for great improvement. Twenty-five years ago the percentage of "functional" psychoses made up 90 to 95 per cent of the total. Today 30 to 40 per cent of psychiatric cases are recognized as due to structural or organic changes. With the growth of biochemistry and the allied sciences it seems reasonable to expect that the "purely functional" psychosis will gradually vanish. Such a result, as Doctor Edler points out, will only be attained as the result of applying the same rigid rules of investigation as prevail in any science. No speculative or purely subjective theorizing will yield satisfactory results.

Many factors still remain to handicap the cultivation of a truly scientific viewpoint in psychiatry. For example, in many states, including our own, the law places the final diagnosis of insanity in the hands of a jury of laymen; yet even the law would not expect a lay jury to diagnose a case of pernicious anemia or appendicitis. Backed by this legal approval, many of the laity, especially the poorly educated and ignorant, consider that psychiatric problems—actually the most difficult of medical situations—are well within their powers to diagnose and treat. This generally prevailing lay attitude complicates greatly the proper medical care of the psychoses.

Because of the lack of scientific evidence, faddists within and without the medical profession have originated this or that theory to explain mental disease and have broadcast these theories to receptive audiences. Practitioners of the most popular fad within the profession have never published any adequate statistical studies of their therapeutic results, and its exponents usually explain any disagreement with their methods as due to the presence of a hidden disorder in the one who disagrees with them: if you do not believe as I do, then there is something wrong with you! Surely, such lack of the ordinarily accepted rules of scientific research stands in the way of scientific advancement.

Articles on psychiatric subjects by so-called experts, both lay and medical, flood our magazines and the daily press. Radio experts solve psychiatric problems and give advice freely over the air, with the result that those of us who are dealing daily with psychiatric cases must spend a large percentage of our time removing misconceptions before we can establish adequate therapy.

Psychiatry has been further handicapped by a tendency to become overly involved in terminology and classification. This tendency is fortunately subsiding, and we are learning to approach each case as an individual problem, realizing that only through a complete gathering and evaluation of all factual data can we hope to advance psychiatric knowledge and therapy.

THERAPEUTIC SCOPE OF CHIROPRACTIC: A LEGAL BRIEF*

No. 257362

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

In the Matter of the Application of M. James McGranaghan, for Declaratory Relief, Plaintiff, vs. Dora Berger, Intervenor and Defendant, vs. Roy B. Labachotte, Intervenor and Defendant, vs. The People of the State of California, Intervenor.

BRIEF OF INTERVENOR, THE PEOPLE OF THE STATE OF CALIFORNIA

STATEMENT OF QUESTIONS INVOLVED

In the matter at bar the petitioner sought a declaration of his rights and duties under a license to practice chiropractic claimed to be issued pursuant to the provisions of the Chiropractic Act. He alleges graduation from a chiropractic school, but does not allege graduation from a legally incorporated chiropractic school or college, an essential under Section 8 of the Chiropractic Act, Statutes of 1923, page lxxxviii. The petition alleges, however, that he is licensed to practice chiropractic, alleges a conflict exists between persons licensed under the provisions of the Chiropractic Act and persons licensed under the provisions of the Medical Practice Act, Statutes of 1913, Chapter 354, as amended, and licensed chiropractors; and that he is in constant danger of prosecution under the provisions of the Medical Practice Act should he render services in excess of his license, and that he is likewise in a position of jeopardy should a civil action be brought against him for rendering services in excess of his authorized practice.

In paragraph 5 he seeks a construction of Section 7 of the Chiropractic Act to prevent, as he states, "the continued conflict and controversy now existing." He sets forth Section 7 of said Chiropractic Act, which reads as follows:

Sec. 7. One form of certificate shall be issued by the board of chiropractic examiners, which said certificate shall be designated "License to practice chiropractic," which license shall authorize the holder thereof to practice chiropractic in the State of California as taught in chiropractic schools or colleges; and, also, to use all necessary mechanical, and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry or optometry, nor the use of any drug or medicine now or hereafter included in materia medica.

and alleges that the college of which he is a graduate now teaches, and at the time of the adoption of the Chiropractic Act and prior thereto, taught the following enumerated subjects:

Anatomy, embryology, physiology, chemistry, toxicology, histology, pathology, neurology, bacteriology, physical diagnosis, laboratory diagnosis, palpation or spinal diagnosis, nerve tracing, chiropractic technique, symptomatology, special technique including replacing shoulder, hip, rib and foot subluxations and dislocations, obstetrics, gynecology, pediatrics, first aid and minor surgery, terminology, hygiene and sanitation, treatment of diseases of the eye, ear, nose and throat, dietetics, psychiatry, x-ray, jurisprudence, mechanotherapy and massage, medical gymnastics, hydrotherapy, colonic therapy, physio-therapy, electro-therapy, photo-therapy, and practice building.

Paragraph VII recites that all of these enumerated subjects and other additional measures are, and were at the time of and prior to the adoption of the Chiropractic Act, taught as *chiropractic* in other chiropractic schools and colleges.

Paragraph VIII of the petition improperly alleges that the District Court of Appeal in the case of *Evans* vs. *McGranaghan*, construed Section 7 of the Chiropractic Act "as authorizing license holders thereunder to practice chiropractic and to use all necessary mechanical hygienic

* See also editorial comment concerning this case, printed on page 380 of this issue. The Court Opinion is printed on page 419 of this issue.